LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

	FOR OFFICE USE ONLY Postmark Date: 12 21 014 Ann. OB OH 13 16 1 All 0 00			
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) the address c unction of the	of each such person or g	on, group, a goup;	r	

	: 2000 49	nstructions	
1	Print in ink or type.		
	Complete form and roturn with 3 2415 Quail Dr., 3 rd Floor, Batos (800) 842-6630.	\$110 registration fee to the Bo in Rouge, LA 70808, (225) 763	ard of Ethics, 3-8777 or
93	Initial registrations must be sub- lobhyist or (2) first action requi- December 31 unless a renewal i	ring registration. Registrations	expire as of
1	NAME Delatte	Jim	
	EUSINESS PHONE 985-370-	First 4741	ML
	מאטחו כנמאוננטם	Area Code and Phone Number	

P.O. Box 2226

Same as above

4. FMPLOVER_Takeda Pharmaceuticals America

S. EMPLOYER'S ADDRESS One Takeda Parkway

Street and No.

	201201201212		 	
 LIST BELOW (a) Names of persor organization you represent; (c) the typ (d) whether or not the elient or som 	e of husiness each is e	ngaged in or the		

Deerfield

Ponchatoula

City

City

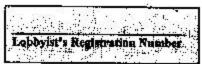
Illinois

Name Takeda Pharmaceuticals America	
Address One Takeda Perkway, Deerfield, Illino	is 60015
Business or purpose Pharmaceutical manufacture	er
Does this person pay you? Yes	
If No. who pays you? N/A	

3. BUSINESS ADDRESS

MAILING ADDRESS

LOBBYING REGISTRATION FORM



2.	NameN/A
	Address
	Business or purpose
	Does this person pay you?
	If No, who pays you?
3.	Name_N/A
a	Address
C	Business or purpose
	Does this person pay you?
	If No, who pays you?
4.	Name_N/A
	Address
	Визінезя от ригроме
	Does this person pay you?
	If No, who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist



Form 3012 May 10/2002